1 PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
County		ak ka	CERTIFICATE OF DEATH 275	
Township	***************************************	Registration Distr	rict No.	
or			rict No. File No.	
		Primary Registra	tion Datrict No. Registered No.	
or		1 Str. Stort	h h	
City.:		(No VV)	St. V. Ward) Ili death occurred in	
² FUL	L NAME LOC	Short	4263 Von Versau du E, of street and number.	
PEI	RSONAL AND STATIS	STICAL PARTICULARS	5 MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	DSINGLE		
halo	Orlard	WIDOWED X74. A A	16 DATE OF DEATH	
none	cowed	OR DIVORCED (Write the word)	191	
B DATE OF B	IDTU	1 177 the the word	(Month) (Day) (Yea	
O DATE OF B	in i d	_	17 I HEREBY CERTIFY, that I attended deceased fro	
- ,	u	12000		
	(Month)	(Day) (Year)	1	
7 AGE		If LESS that	that I last saw halive on	
about /2. I day,hrs.				
		mosds. ormin.?		
OCCUPATIO	on //.		The CAUSE OF DEATH* was as follows:	
/ \ PP				
(a) Trade, particular l	kind of work	ra maii		
particular l	kind of work	ra mace	Here it leave no	
(b) General	l'nature of industry	eron Stall	Henish legia 10	
(b) General	kind of work	way Stable	Hewish legia De	
(b) General business, or which emplo BIRTHPLACE	I nature of industry Crestablishment in oyed (or employer)	way Stable	Henish legia Do	
(b) General business, or which emplo BIRTHPLACI (City or town,	Insture of industry restablishment in oyed (or employer)	errory Stable	Henish legia Do	
(b) General business, or which employed (City or town, State or foreign of	Insture of industry or establishment in oyed (or employer).	errory Stable	College Nolle	
(b) General husiness, on which employed (City or town, State or foreign of the control of the co	I nature of industry or establishment in oyed (or employer)	enca U.S.a	CONTRIBUTORINO - Delevous	
(b) General husiness, on which employed (City or town, State or foreign of the control of the co	Insture of industry or establishment in oyed (or employer).	Livory Stables unia U.S.a Vont-Ruon	OPNTRIBUTORINO - DOLLOSS	
(b) General business, ownich employment of the control of the cont	inature of industry of restablishment in one of employer in the country of the co	Livery Stables unia U.S.a Pont- Ruon	CONTRIBUTORINO - Delevous	
(b) General business, ownich employment of the control of the cont	I nature of industry or establishment in oyed (or employer) E country) ME OF HER THPLACE FATHER	Pont Ruon	ODNTRIBUTORILO - DCLEVOSAS (Secondary) (Duration) yra mos d	
(b) General business, ownich employment (City or town, State or foreign of the control of the co	I nature of industry or establishment in oyed (or employer) E country) ME OF MER THPLACE FATHER or foreign country	Pont Ruon	(Signed) (Si	
(b) General business, or which employed (City or town, State or foreign of the control of the co	I nature of industry or establishment in oyed (or employer) E country) ME OF HER THPLACE FATHER	Pont Ruon	(Signed) (Addyss) Orrord	
(b) General business, ownich employment with employment (City or town, State or foreign of the city of	I nature of industry or establishment in oyed (or employer) E country) ME OF HER THPLACE FATHER or town, State or foreign country DEN NAME MOTHER	Pont Ruon	(Signed) (Address) (Sacondary) (Signed) (Address) (Address) State the Disease Causing Death, or, in death from Violent Causes, and (2) whether Accidental, Suicidal or Howicidae	
(b) General business, owhich employees, owhich employees (City or town, State or foreign of the control of the	inature of industry or establishment in onyed (or employer). E country) ME OF HER THPLACE FATHER or foreign country or town, State or foreign country DEN NAME MOTHER	ont Knowl	(Signed) (Address) (Sacondary) (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in death from Violent Causes, stated (1) Means of Injury; and (2) whether Accidental, Buicidal or Homicidal Is LENGTH OF RESIDENCE (For Homicidal Is L	
(b) General business, owhich employees, owhich employees (City or town, State or foreign of the control of the	Insture of industry of restablishment in oyed (or employer) E country) ME OF HER THPLACE FATHER or foreign country DEN NAME MOTHER THPLACE	ont Knowl	(Secondary) (Secondary) (Secondary) (Signed) (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, that a continuous and (2) whether Accidental, Buictidal or Homicidal IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	
(City of the Control	Insture of industry of restablishment in oyed (or employer) E country) ME OF HER THPLACE FATHER or town, State or foreign country DEN NAME MOTHER THPLACE FOR THE OF THE OWN OF THE OWN OF THE OWN OF THE OWN OWN, State or foreign country or town, State or foreign country or	Pont Ruori Dout Knorth out Know	(Signed) (Address) (Address) (Sacondary) (Signed) (Address) (Address) (Address) (Signed) (Address) (Addr	
(City or town, State or foreign of Fart City of town, State or foreign of the City o	inature of industry or establishment in onyed (or employer). E country) ME OF HER THPLACE FATHER or foreign country or town, State or foreign country DEN NAME MOTHER	Pont Ruori Dout Knorth out Know	(Secondary) (Secondary) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in death from Violent Causes, that (1) Means of Injury; and (2) wheher Accidental, Suicidal or Homicidal or Recent Residents) At place of death	
(City or town, State or foreign of the City of of	Insture of industry or establishment in oyed (or employer) E country) ME OF HER THPLACE FATHER or town, State or foreign country DEN NAME MOTHER THPLACE MOTHER or town, State or folian country	Pont Ruori Dout Knorth out Know	(Signed) (Address) (Address) (Sacondary) (Signed) (Address) (Address) (Address) (Signed) (Address) (Addr	
(City or town, State or foreign of Fart City of town, State or foreign of Fart City of town, State or foreign of Fart City	Insture of industry or establishment in oxyed (or employer). E country) WE OF HER THPLACE FATHER or to town, State or foreign country or town, State or foreign country. THPLACE MOTHER or to town, State or foreign country or town, State or foreign country.	ont Ruon Dout Ruonf ont Ruon out Ruon ont Ruon of MY KNOWLEDGE	(Signed) (Signed) (Signed) (Address) (State the Disease Causing Death, or, in death from Violent Causes, sar (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds State yrs death	
(City or town, State or foreign of the City of of	Insture of industry or establishment in oxyed (or employer). E country) WE OF HER THPLACE FATHER or to town, State or foreign country or town, State or foreign country. THPLACE MOTHER or to town, State or foreign country or town, State or foreign country.	ont Ruon Dout Ruonf ont Ruon out Ruon ont Ruon of MY KNOWLEDGE	(Signed) (Signed) (Signed) (Addyss) (State the Disease Causing Death, or, in deaths from Violent Causes, said (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal or Recent Residents) At place of death yrs mos ds. State yrs mos de Where was disease contracted if not at place of death?	
(Adde	Insture of industry or establishment in oxyed (or employer). E country) WE OF HER THPLACE FATHER or to town, State or foreign country or town, State or foreign country. THPLACE MOTHER or to town, State or foreign country or town, State or foreign country.	Pont Ruori Dout Knorth out Know	(Secondary) (Secondary) (Secondary) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in death from Violent Causes, that (1) Means of Injury; and (2) wheher Accidental, Buictdal or Homicidal or Recent Residents) At place of death Where was disease contracted if not at place of death? Former or usual residence 19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Adde	inature of industry or establishment in oyed (or employer). E country) WE OF HER THPLACE FATHER or or foreign country DEN NAME MOTHER TOT town, State or foreign country E IS TRUE TO THE BEST (a) Country or town, State or foreign country or town, State or foreign country to the state of t	ont Ruon Dout Ruons ont Ruon out Ruon out Ruon ont Ruon ont Ruon for MY KNOWLEDGE menterial Von Persenant.	(Signed) (Duration) yrs mos ds (Signed) (Addrss) (Sacondary) (Signed) (Addrss) (State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Buictidal or Homicidal or Recent Residents) At place In the of death yrs mos ds State yrs mos de Where was disease contracted if not at place of death? Former or usual residence (Dyplace of Burial or Removal (Dyplace or Burial or	
(Adde	inature of industry or establishment in oyed (or employer). E country) WE OF HER THPLACE FATHER or or foreign country DEN NAME MOTHER TOT town, State or foreign country E IS TRUE TO THE BEST (a) Country or town, State or foreign country or town, State or foreign country to the state of t	ont Ruon Dout Ruons ont Ruon out Ruon out Ruon ont Ruon ont Ruon for MY KNOWLEDGE menterial Von Persenant.	(Signed) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, indesh from Violent Causes, sare (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal is LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence 13 PLACE OF BURIAL OR REMOVAL ALL DATE OF BURIAL	
(Adde	Insture of industry or establishment in oxyed (or employer). E country) WE OF HER THPLACE FATHER or to town, State or foreign country or town, State or foreign country. THPLACE MOTHER or to town, State or foreign country or town, State or foreign country.	ont Ruon Dout Ruons ont Ruon out Ruon out Ruon ont Ruon ont Ruon for MY KNOWLEDGE menterial Von Persenant.	(Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in death from Violent Causes, the (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal IS LENGTH OF REGIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum. etc.. Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as Accidental, sui-CIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acidprobably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)